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COUNTY BOROUGH OF WIGAN




Annual Report
OF THE
Principal
School Medical Officer
FOR THE YEAR 1970

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School Medical Officer
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J. HAWORTH HILDITCH
Medical Officer of Health and Principal School Medical Officer



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COUNTY BOROUGH OF WIGAN

EDUCATION COMMITTEE

(Appointed May, 1969)

Chairman :

Councillor E. COWSER, J.P.

Vice-Chairman :

Councillor J. E. SMITH.

His Worship the Mayor (Alderman J. McGREGOR, J.P.)

Aldermen: H. Dowling, J.P., E. Maloney, J.P.

Councillors: Mrs. J. C. Barker, B.A. H. H. Barker, J. Bridge, J. T. Farrimond, W. C. P. France, C. J. Gormally, S. Jolley, L. R. Lowe, Mrs. E. Naylor, Miss A. Peet, Mrs. M. Pratt, W. C. Somers, J. Taberner, S. Townley, J. Whalley.

Other Members: Canon E. O. Beard, Miss E. Eckersley, B.A., J.P., Miss E. Hodson, M.B.E., J.P., Mr. G. Livesey, B.Sc. Mr. M. Naish, M.A., Mr. W. E. Pearson, Mrs. C. Rayner, J.P., Dr. E. C. Smith, B.Sc., Canon G. Walsh, Mr. H. C. Woods.

SCHOOLS SUB-COMMITTEE

(Appointed May, 1969)

Chairman :

Councillor J. E. SMITH.

Vice-Chairman :

Alderman H. Dowling, J.P.

His Worship the Mayor (Alderman J. McGREGOR, J.P.)

Councillors: Mrs. J. C. Barker, B.A., J. Bridge, E. Cowser, J.P., W. C. P. France, S. Jolley, Mrs. E. Naylor, Miss A. Peet, J. Taberner.

Other Members: Canon E. O. Beard, Mr. G. Livesey, B.Sc., Mr. M. Naish, M.A., Canon G. Walsh, Mr. H. C. Woods.

SCHOOL MEDICAL STAFF

1970

Principal School Medical Officer :

J. HAWORTH HILDITCH, M.B., Ch.B., D.P.H., F.R.S.H.

Deputy Principal School Medical Officer :

JOHN L. JACKSON, M.B., Ch.B., D.P.H. (to 31.3.70)

School Medical Officers :

RODERICK McL. BAIN, M.B., Ch.B., D.P.H.

AILEEN F. HOWARTH, M.B., B.Ch.

AIDA H. ABDOU, M.B., B.Ch., L.M.S.S.A., D.C.H. (from 14.9.70)

Orthopaedic Surgeon :

EDWARD W. KNOWLES, M.Ch. (Orth.) F.R.C.S.(Ed.)

Consultant Child Psychiatrist :

MOIRA P. JONAS, M.B., Ch.B., D.P.M.

Educational Psychologist :

J. H. VALENTINE, M.Ed., D.E.G.(Man.) (from 17.8.70)

Principal Dental Officer :

S. M. AALEN, L.D.S.

Dental Officers :

Mrs. L. J. COOK, B.D.S.

A. J. MOORHEAD, B.D.S. (from 16.6.70)

Orthodontic Service :

L. F. LANGFORD, L.D.S., D.Orth., R.C.S., Eng.

Dental Anaesthetist :

ELIZABETH MACKENZIE-NEWTON, M.B., Ch.B., D.A.

Chiropody Service :

J. WOOD, M.Ch.S.

School Nurses :

M. K. MASON, (to 16.1.70), E. GAVAGHAN, D. PEET, S. M. HIGHAM,
(to 31.7.70), L. M. BOOCOCK (from 9.2.70), A. BROWN (from 17.8.70),
K. TAYLOR (from 14.9.70).

Speech Therapist :

(Position Vacant)

Psychiatric Social Worker :

(Position Vacant)

Orthopaedic Nurse :

H. JORDAN

Clerk/Dental Attendants :

E. CHADWICK, J. M. PROCTOR, M. D. TRANTER.

Audiometrician :

J. DIGGLES

Clerks :

D. JONES, S. M. ROURKE

PRINCIPAL SCHOOL MEDICAL OFFICER'S ANNUAL REPORT FOR 1970

Health Office,
WIGAN.

May, 1971.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting to you the School Health Service Report for the year 1970.

During recent years the work of the School Health Service has come under increasing scrutiny by medical staff from within the service and from those working in other branches of medicine, particularly paediatrics. As a result, we have seen a general agreement on the continued value of the service and a certain reshaping to conform with modern ideas of what a "Community Paediatric Service" should offer.

The broad principle remains the same as it was at the turn of the century — to ensure that no child wants for medical care and that, bearing in mind any residual handicap, each is directed to the educational system, be it regular or special school, where he can achieve his maximum potential.

The ascertainment of children with special, often multiple, physical and mental handicaps is seen to be an on-going affair. The solution to the problem presented may be found only after observation over a relatively long period of time and particularly during the nursery and infant stages of education.

This, so far as staffing is concerned, highlights the importance of continuity, a feature which is becoming more difficult to ensure pending clarification of the future status and shape of the School Health Service in any major re-organisation of the National Health Service as a whole.

During the year under review we lost the Deputy Principal School Medical Officer, who felt that his future was more secure in general practice and the turnover of school nurses must constitute a record. However, although the post of Deputy is unfilled, we were able to recruit other medical and nursing staff, which is more than can be said for some of the auxiliary posts in the Department. We have been quite unable to recruit a psychiatric social worker to work in the child guidance clinic but the service has carried on, helped by the timely acquisition of an educational psychologist to replace Mr. Morison who left the service in November, 1969.

Speech Therapy is still in the doldrums. We have been unable to recruit a therapist and many children are badly in need of help.

The Medical Officers in Department have continued their unremitting routine duties and each has developed a special interest towards certain

handicapping conditions, which is pursued in depth to the benefit of the children concerned. To this end, the assessment of hearing and sight receives high priority early in infancy and corrective treatment is advised at a stage when it is most likely to be successful in preventing permanent damage.

The increase in the number of children on the school registers noted last year has continued, and in view of the rising birth rate in the Borough, 20% in the last ten years, is likely to continue for some time. The extra work which is entailed has been accomplished by engaging part-time staff.

The findings of periodic medical inspection revealed that over 28% of the children examined required treatment for some defect and the tables at the end of the report show that the conditions found were mainly in association with vision, hearing, nose and throat and minor orthopaedic complaints.

The closest liaison is maintained with the E.N.T. Consultants at the Royal Albert Edward Infirmary, and it has been pointed out that more could be done to streamline the service if we had an audiometer of more modern design and sophistication. This we hope to obtain.

Head infestation has again been a problem in some schools but the overall pattern of about 5% of children infested at first examination, whilst in no way to be condoned, is unremarkable in an Urban area. The educational work of the school nurses amongst parents of infested children is valuable in other ways besides being the most telling factor in reducing the incidence of uncleanness.

Only 12 children were examined upon their application for a licence to work part-time. Judging from the number of youngsters seen working in and around the town, I wonder how many parents are failing to seek the approval of the Authority prior to their children engaging in part-time work and thus acting *ultra vires*.

The co-operation of the Health Department and School Medical Staff in the selection of pre-school children for attendance at special nursery schools, which was first mentioned in the report last year, has continued. The benefit gained by these socially and often emotionally deprived infants cannot be measured in money terms.

The changing pattern of handicap has been mentioned in previous years. Many children, who a generation ago would have presented with severe physical conditions involving bones and joints and rheumatic heart disease have, through the application of modern preventive medicine, been spared the crippling diseases. Their numbers, however, have been more than compensated by the children who, but for the advance of medical science, would not have survived the perinatal period. These youngsters, often with multiple disabling conditions, are endowed with great courage and a will to surmount the formidable obstacles which lie in their path. They deserve all the assistance we can give them. Twenty-one such children from the Borough are at present attending Mere Oaks School, where the accommodation is proving to be inadequate to cope with the numbers seeking admission.

The notification of cases of infectious disease in school children is recorded on page 18. These figures must be interpreted with caution for

many cases, particularly of Whooping Cough, go unrecorded on account of the difficulty of diagnosis and especially when the disease is modified by previous immunisation which has not been completed. Infective Jaundice, because of its striking symptomology, is reliably notified. The total of 41 cases is less than in the previous year, but the disease smoulders on in some primary schools. Attention to personal and environmental hygiene in the schools so affected is the key to preventing the spread to epidemic proportions.

The 'drug' scene in Wigan Schools has given cause for concern from time to time as isolated instances of "experimentation" are reported, usually anonymously. Members of the medical staff are always available to advise upon these matters and at the close of the year, arrangements were in hand to hold a symposium for the benefit of head teachers and other staff in contact with adolescents. It is difficult to draw the balance between over-publicising an evil which as yet has been no real problem in the town, and neglecting properly to warn youngsters of the dangers of associating with 'experimenters'. The 'pushers' deserve no sympathy and can be left for the law to deal with.

In this town, the dependency on tobacco, particularly in the form of cigarettes, will in the long run cause more damage to health than more exotic drugs. I am convinced that the key to the prevention of tobacco addiction in the young is parental example. If the house is filled with cigarette smoke for sixteen hours a day is it any wonder that the offspring take to the habit in sheer self defence. If in addition to this they see their teachers and other idols smoking they are indeed lost.

The Principal School Dental Officer has reported upon his staffing difficulties, which in the present climate of uncertainty and pecuniary differential are not likely to be solved in permanent fashion. The shortfall of professional time makes it all the more important that children should be encouraged to keep their appointments, yet almost a quarter fail to notify their inability to attend in sufficient time for alternative appointments to be given. Dental Health Education was pursued with vigour, the aim being to instil into the younger children a good oral hygiene routine, and to introduce them to the dentist in situations other than the more usual traumatic confrontation when neglect necessitates emergency operative treatment with its attendant discomforts.

As in previous years, we have worked closely with the consultants and staff of the Royal Albert Edward Infirmary, and I thank them for their help and co-operation. Our work would be impossible without the goodwill of the general practitioners and dental surgeons and for their continued support I thank them. My thanks are also due to the Chief Education Officer and his staff for their co-operation, the staff of the Health Department for the work they have performed and the Chairman and Members of the Schools Sub-committee for the interest shown.

J. HAWORTH HILDITCH,

Principal School Medical Officer.

CO-ORDINATION

Liaison with the Hospital Services, the General Practitioner Service and other Local Authority Health Services is achieved in the following manner:—

The Principal School Medical Officer is also the Medical Officer of Health. All other full time Medical Officers hold joint appointments in the School Health Service and other health services.

The Medical Officer of Health is the executive officer for the Council's function under the National Assistance Act, 1948, including the provision of aid for the handicapped and the work amongst homeless and problem families. A seat on the Local Medical Committee of the Executive Council and on the Medical Advisory Committee of the Wigan and Leigh Hospital Management Committee makes for co-ordination of effort and good relations with the other branches of the National Health Service.

No effort has been spared to preserve and extend the good relationship which exists between the medical officers of the School Health Service and the family doctors in the town.

There is a close liaison between the Consultant Ophthalmologist and the school doctor responsible for refraction work, who, in fact, attends the Infirmary Eye Out-patient Department for a short session once a fortnight.

There is a full interchange of information between the Paediatrician, Orthopaedic surgeon, E.N.T. surgeon and the School Medical Officers regarding school children. This is invaluable and ensures that maximum information is available upon which to base decisions which might influence a child's future education and prospects in later life.

Problems concerning the arrangements for the co-ordination of Education, Health and Welfare Services for handicapped children and young people are minimised in an authority such as Wigan where the Medical Officer of Health is in charge of a combined Health and Welfare Department and is also responsible as Principal School Medical Officer for the School Health Service. Joint Case conferences are held from time to time when children of school age with multiple handicaps are reviewed. The Conferences are attended by the Consultant Paediatrician, School Medical Officers, the Senior Welfare Officer, the Senior Mental Welfare Officer, the School Welfare Officer and the Youth Employment Officer. In addition the Children's Officer is invited if any child whose case is discussed is in the care of the Local Authority or is thought to be in need of the fringe services of the Children's Department. From time to time representatives of voluntary organisations who might help with a particular case are invited to attend.

The impending legislation separating the social services from the purely health services will inevitably disrupt the smooth functioning of these co-operative measures. It will be necessary to evolve effective co-ordination between the new Social Services Department and the School Health Service.

CLINICS

Central Clinic, Millgate, Wigan:—

Minor Ailments Clinic	.....	Monday, Tuesday, Wednesday, Thursday and Friday mornings.
Ophthalmic Clinic	.....	By appointment.
Chiropody Clinic	.....	Monday morning.
Orthopaedic Clinic	.....	Monday, Wednesday and Thursday, all day.
		Orthopaedic Consultant attends second Thursday in the month.
Dental Clinic	.....	Monday, Tuesday, Wednesday, Thursday and Friday, all day.

Pemberton Health Centre, Sherwood Drive, Pemberton:—

Minor Ailments Clinic	.....	Tuesday and Friday mornings.
Dental Clinic	.....	Monday, Wednesday, Thursday and Friday mornings.
Child Guidance Clinic	.....	Friday mornings by appointment.

SCHOOL ACCOMMODATION AND HYGIENE

Number of Schools and Children

Primary Schools

	No.	Departments	No. on Registers	Average attendance
County Schools	7	10	2468	2280
Voluntary Schools	21	31	5830	5380
	28	41	8298	7660

Secondary Modern Schools

	No.	Departments	No. on Registers	Average attendance
County Schools	3	5	1221	1131
Voluntary Schools	3	5	2235	2076
	6	10	3456	3207

These figures include the Deanery High School, which opened in September with an average of 1050 pupils on the register, replacing the All Saints, St. Mark's and Highfield Secondary Modern Schools.

Special School

	No. on Register	Average attendance
Montose Day School for E.S.N. Children	110	101

Secondary Grammar Schools

The Grammar School has 672 and the High School 601 pupils on the register.

The Notre Dame High School is the one direct-grant Secondary Grammar School in the town.

FINDINGS OF MEDICAL INSPECTION

The periodic medical inspection of three age groups continued throughout the year in the majority of schools. The selective medical examination procedure continued in five schools. In these schools children are examined in their first year at school and thereafter until they are examined as school leavers the children are referred for examination when this is considered necessary by the head teacher, class teacher, school nurse or parent. In each system the vision of children is tested annually.

The selective system of medical examination does not find unqualified approval in the department. It does not appreciably save medical time, incorrect information contained in the questionnaires completed by parents often leads to unnecessary investigation, whilst conversely the medical staff are far from confident that children who are not put forward for examination are in fact free from defects.

The numbers of children inspected and found to require treatment (excluding uncleanliness and dental diseases) were as follows:—

Year of Birth				Number Inspected	Found to require treatment	Percentage
1966 and later.....	.....	.....	.....	152	45	29.60
1965	.....	.....	.....	892	267	29.93
1964	.....	.....	.....	756	235	31.00
1963	.....	.....	.....	135	55	40.74
1962	.....	.....	.....	41	16	39.02
1961	.....	.....	.....	39	8	20.51
1960	.....	.....	.....	421	116	27.55
1959	.....	.....	.....	525	150	28.57
1958	.....	.....	.....	121	44	36.36
1957	.....	.....	.....	258	67	25.96
1956	.....	.....	.....	405	87	21.48
1955 and earlier	.....	.....	.....	226	55	24.33
Total	.....	.....	.....	3971	1145	28.83

The general physical condition of the pupils seen at medical inspection is assessed in two broad categories and it will be seen from Table I (page 25) that over the whole age range the condition of 100% of the pupils was satisfactory.

Ear, Nose and Throat Defects

Ear Diseases and Defective Hearing.—Routine medical examinations showed that 34 children suffered from ear discharges and 221 from other ear complaints. Individual children were tested by the pure tone audiometer technique by the School Medical Officers. Cases requiring more intensive investigation were sent to the Manchester University Department of Audiology.

Audiometry.—Sweep audiometric testing is carried out in infant schools by a specially trained clerk and any child with an unsatisfactory result is referred to a School Medical Officer for further investigation; of 2475 children tested during the year, 454 were submitted for further examination.

Details of results of hearing tests are as follows :

Examinations—

By sweep tests in school	.....	.....	.....		1750
By Audiograms :	school	.....	.....	84	
	clinic	.....	.....	641	725
				<hr/>	<hr/>
					2475
					<hr/>

Audiograms—

Failed sweep test	.....	.....	.....	.....	307
Requests from general practitioners, school medical officers and health visits and periodical re-checks				.....	418
					<hr/>
					725
					<hr/>

Failed Audiogram test—

Treated by school medical officers	.....	.....	.....	.....	20
Treated by school medical officers and needing further treatment	.....	.....	.....	.....	150
Seen by school medical officers and referred to E.N.T. consultant	.....	.....	.....	.....	33
Treated by own general practitioner	.....	.....	.....	.....	76
Due for re-checks	.....	.....	.....	.....	30
To be seen at school medical examination	.....	.....	.....	.....	93
Already receiving treatment	.....	.....	.....	.....	45
Others	.....	.....	.....	.....	7
					<hr/>
					454
					<hr/>

Tonsils and Adenoids.—Routine medical examinations revealed that 135 children required treatment and that 132 should be kept under observation; operative treatment was received by 71 children during the year (see p.28, Table IIIB).

The opportunity was taken at the routine medical inspection to obtain an indication of the number of children in the school population who had

received operative treatment for tonsils and adenoids and the following results were recorded :

Year of Birth	Number Inspected	Found to have received treatment	Percentage
1966 and later.....	152	3	1.97
1965	892	8	0.89
1964	756	31	4.10
1963	135	19	14.07
1962	41	2	4.88
1961	39	4	10.25
1960	421	35	8.31
1959	525	53	10.09
1958	121	16	13.22
1957	258	46	17.82
1956	405	50	12.34
1955 and earlier	226	38	16.81
Total	3971	305	7.68

Eye Diseases — Visual Defects

Eye Diseases.—The number of children suffering from external eye diseases, mainly conjunctivitis and blepharitis, rose from 32 to 47 in 1970, and cases of defective vision and squint rose from 522 in 1969 to 863 in 1970, of which 424 required treatment; the remainder were kept under observation. Details of cases examined and the numbers for whom glasses were prescribed are shown on page 28 (Table IIIA).

Skin Diseases

One case of ringworm was included in the 109 cases of skin disease traced during routine medical inspections.

Orthopaedic Defects

Routine medical inspections revealed 209 cases of orthopaedic defect of which 152 were referred to the Orthopaedic Clinic for treatment and 57 were placed under observation. Details of attendances at the Orthopaedic Clinic are given on page 29 (Table IIIC).

HEALTH EDUCATION IN SCHOOLS

Health Education has been in a state of change during the year. Whilst the normal visits to schools were continued, with their stress on dental hygiene and the dangers of smoking, there appeared to be an awareness among teaching staff of the need to widen the scope of health education in schools. Arrangements were made at one secondary school for a series of lectures to be given by the Health Education Officer and specialist members of the Department. Different facets of the work were highlighted by visits to a waterworks, old people's homes, nurseries and the Fabrex Training Centre for the mentally handicapped. The results were encouraging, as besides imparting information, the children were made to face the wider issues of responsibility in public health matters.

Mothercraft lectures were again given by the health visitors in secondary modern schools and the results were most satisfactory, with 170 passes out of 173 who sat the examination.

Dental Education was the main theme in the primary and junior schools, with the free issue of dental hygiene sets proving to be most popular with the new entrants. A new departure was the visit of nursery school children to the Pemberton Clinic, where the dental staff explained the procedures and equipment and allowed the children to switch on and off some of the machinery. It is hoped that this first pleasant introduction to a dentist will help to allay the fears that many children have on their first visit.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

During the year 12 applications received from children were investigated by the School Medical Officers and licences to all the applicants were subsequently granted.

COLLEGE ENTRANTS

Medical examinations were carried out on 106 training college candidates during the year.

SUPERANNUATION

One teacher was medically examined for Superannuation purposes.

MEDICAL EXAMINATION FOR SCHOOL MEALS SERVICE

Medical examinations were carried out on 26 applicants for full-time employment in the School Meals Service.

ARRANGEMENTS FOR TREATMENT

Arrangements to secure the availability of comprehensive free medical treatment, other than domiciliary treatment, for pupils for whom the Authority accepts responsibility included the following:—

Minor Ailments.—Prior to the advent of the National Health Service, there was a great need for advice and treatment to be freely available to school children at clinics run by the Local Authority. Without such a provision, the harsh realities of poverty would have denied many the help they needed. We are fortunate that the health of our children is now so much improved and comprehensive treatment is available to all who need it.

The Minor Ailment Clinic as its name implies deals with the trivial afflictions that beset us all, the sort of conditions that with advice and the use of near household remedies, can usually be prevented from worsening. It does not place itself in the position of the general medical practitioner, but acts as a screening process of referral to him. It still has an important role to fulfil.

It obviates the need of school children to wait in the crowded ante-rooms of the family doctor's surgery — an experience not in the least edifying and if often repeated must lay the foundation of hyperchondria. It provides, for those parents who seek it, a place for unhurried consultation concerning the physical and emotional wellbeing of their child.

The school clinics at Millgate and Pemberton were open daily and two days a week respectively throughout the year for the treatment of minor ailments and the execution of special examinations.

During the year 3042 attendances were made at the 252 sessions at the Central Clinic and 1310 attendances at the 82 sessions at the Pemberton Clinic.

The numbers of children attending Minor Ailments Clinics and the number of attendances during the past three years were as follows :

	1968	1969	1970
No. of children attending	1,452	1,571	1,589
No. of attendances	4,244	4,212	4,352
Average No. of attendances per child	2.9	2.7	2.7

Special examinations of children referred by school nurses, teachers, parents and school welfare officers were carried out at the School Clinics by the School Medical Officers in addition to the treatment of minor ailments.

The School Nurses and Clinic Attendant cleansed the heads of children referred to the Clinic for this purpose.

Details of minor ailments treated are given on page 30 (Table IV).

Treatment of Visual Defects.—Routine refraction work is performed by a School Medical Officer and all children who are known to have visual defects are re-examined annually; every child has an annual vision check by a school nurse.

The staff of the Royal Albert Edward Infirmary ophthalmic unit have been most helpful and their co-operation is greatly appreciated.

Orthoptic Service.—The number of school children referred to the Wigan Infirmary for orthoptic exercises decreased from 34 in 1969 to 27 in 1970.

Uncleanliness.—Arrangements for head inspection continued as in previous years and details are shown on page 30 (Table V).

The total number of first examinations of children was 11,428, and of these, 577 (5.05%) had pediculosis of the head (i.e. lice or nits present): the final inspection showed the number had been reduced to 279 (2.44%).

In school the close contact children have with each other, or the wearing of infested headgear make for an easy spread of the head louse. Even after disinfestation a child may become re-infested from other members of his own family or even from nits present in his own cap.

There were 19 cases of scabies during 1970, three fewer than in the previous year. The greatest difficulties arise where parents of affected children refuse to seek treatment for themselves. This often results in the re-infestation of the children concerned and prevents that particular source of infestation from being cleared.

Orthopaedic Service.—As in previous years the Orthopaedic scheme organised in conjunction with Lancashire County Council continued to work well. The Surgeon attended one session a month and the Orthopaedic Nurse six sessions a week.

During the year 87 Borough and 39 County schoolchildren were seen by the Orthopaedic Surgeon and 239 patients made 629 attendances for remedial treatment. Three children were referred to Wigan Infirmary for surgical treatment, all with successful results.

Tuberculosis.—No children were referred directly from the School Clinic for opinion to the Chest Clinic.

The Regional Hospital Board is responsible for making arrangements for treatment and the School Health Service is responsible for adequate after-care and reference to Special Schools if necessary.

The Mass Miniature Radiography Unit now makes monthly visits to Wigan and in the Autumn the opportunity was taken to have all recently appointed School Meals staff X-rayed. Teachers already in post are subject to routine screening every three years, and it should now be possible to extend this preventive measure to other school staff.

This work could prove a heavy burden to the Hospital X-ray facilities, which are already fully committed. There is no doubt of the necessity to retain the Mobile X-Ray Units in the area at present.

B.C.G. Vaccination.—All child contacts of known tuberculous cases are referred to the Consultant Chest Physician for Mantoux testing. B.C.G. vaccination is offered to those cases where it is considered that its administration would be of value.

Routine B.C.G. vaccination was offered to all thirteen year old children and the acceptance rate was 95 % compared with 86 % for the previous year.

Routine Protection of School Children :

No. in 13 year age group	1029
No. for whom consent was obtained	971
Percentage of acceptances	95 %
No. of Mantoux-Negative	914
No. of Mantoux-Positive	57
Percentage Positive	5.9 %
No. Vaccinated	857
No. who had Chest X-ray	57
No. where X-ray showed active tuberculosis	—
No. where X-ray showed lung abnormality requiring further observation	—

The figure for the positive Mantoux tests gives an indication of the extent to which children are being brought into contact with the tubercle bacillus. The figure of 5.9 % compares favourably with that in other urban industrial areas and is a considerable improvement on the finding of 1960 which was 18.2 %. This index reflects in dramatic fashion the much reduced incidence of infectious cases of human tuberculosis in the community in recent years.

CHILD GUIDANCE SERVICE

I am indebted to Dr. M. P. Jonas for the following report :

“I have pleasure in submitting my report on the work of the Child Guidance Clinic over the past twelve months.

The type of referral has remained fairly similar to those of the previous year and the number of cases seen are also roughly the same. For the latter part of the year I was on leave of absence and the work of the Clinic was very ably carried out by Dr. K. S. Gopal, Locum Consultant Child Psychiatrist, aided by Mr. J. H. Valentine, Educational Psychologist, who was appointed to the Wigan Education Authority in August, 1970.

Since Mr. Valentine's appointment, there has been an improvement in the educational facilities for the type of children seen at the Clinic. The Education Committee have recently opened an Observation Unit in close proximity to the Pemberton Child Guidance Clinic and this enables younger children to be placed in a stress-free educational environment for a period of time, where their educational and emotional needs can be further assessed. The close proximity of the Unit to the Clinic enables children who have been referred there from the Clinic to be closely supervised.

We look forward to the establishment in the near future of a day school for maladjusted children to cater for this area and also to the establishment of units within some of the local schools to cater for the needs of less severely maladjusted children. Provision of this kind will enable us to provide a more continuous service for cases referred to the clinic.

Many of the families attending the Clinic have marked marital difficulties, often complicated by social problems, and the lack of the services of a full-time psychiatric social worker is a constant handicap to the efficiency of the Clinic. I hope that it will be possible for this deficiency to be remedied in the near future.”

Details of Borough cases are given below :—

Cases on waiting list at end of 1969	8
Cases referred during 1970	35
New cases seen during 1970	29
Cases withdrawn during 1970	2
Cases on waiting list at end of 1970	12

Summary of Cases :

Source of referral :

School Medical Officer	34
General Practitioner	5
Consultant Paediatrician	4

Type of referral :

Behaviour disorder	19
Anxiety state	8
Learning problems	5

Epileptic	2
Brain Damage—Functioning E.S.N.	2
Severely Subnormal	2
Epilepsy and Hyperkinesis	2
Enuresis	2
Behaviour Disorder and Learning Difficulties	2
Persisting comfort-tension habits	1

Cases seen during 1970 :

Recommendations :

Treatment at clinic	9
Placement at residential school	1
Review at clinic	16
Child Psychiatric Unit In-patient	1
Placement at Observation Class	1

Clinic Attendances :

Children	93
Parents	107
Others	7

Speech Therapy.—Since 1968 efforts have been made without success to recruit staff for this service. There is a national shortage of speech therapists which is unlikely to be resolved in the foreseeable future and for the time being even the limited service formerly available has had to be suspended.

The Consultant Paediatrician usually has available the services of a part-time Speech Therapist employed by the Hospital Management Committee, and urgent cases can be referred to him, but even this service failed during the year and there seems little hope at present of providing any service for children with problems which although relatively minor are the cause of much avoidable distress.

Treatment of Enuresis.—The loan service of electric alarm machines for use in the treatment of enuresis continued. This service is operated by the Health Department in collaboration with the School Medical Officers and Dr. R. M. Forrester, the Paediatrician at Wigan Infirmary. Electric alarm machines were used by 9 children in 1970.

Chiropody.—I am indebted to Mr. J. Wood for the following report.

“Work in the School Chiropody Clinic was again occupied mainly in the treatment of verrucae pedis, and I must thank the nursing staff for their help in enabling me to keep up to date with the high demand for such treatment.

Children attending for treatment are regular in attendance and there were very few failed appointments. This helps considerably in the completion of treatment. Footwear and cleanliness continue to be of a high standard.”

No. of attendances by Chiropodist	47
No. of Patients	247
No. of Treatments	878

ANALYSIS OF CASES, 1970

Verrucae Pedis	229
Other conditions	18

Verrucae.—Plantar warts are a perennial problem in school children and being of an infectious nature, the condition is easily disseminated within the school population where members must in the course of their physical education often go barefooted. The condition has been noticed more often since the opening of the new Swimming Baths, perhaps a small price to pay for the advantage conferred by such a magnificent amenity.

The number of cases of verrucae treated by the chiropodist and school nurses gives some indication of the incidence of the condition in Wigan.

In 1966 there were 119 cases

1967	„	200	„
1968	„	205	„
1969	„	360	„
1970	„	471	„

Children are, of course, treated by their family doctor and by private chiropodists and consequently exact numbers are unobtainable.

Preventive action is taken in that children going in organised parties to the baths are there given foot inspection by the staff to prevent the bare-footed case spreading the infection to his school fellows.

The results achieved from this measure must necessarily be limited as so many children and adolescents who may be carrying the virus are not subject to inspection and indeed it would be an infringement of public liberty to impose such action.

HOSPITAL & SPECIALIST SERVICES

No material changes to hospital and specialist services available for school children have been brought to my notice since the last report.

INFECTIOUS DISEASES

During the year no case of diphtheria or poliomyelitis was notified in school children. The following cases of infectious diseases were notified during 1970 :

Scarlet Fever	24
Measles	117
Whooping Cough	10
Infective Jaundice	41
Dysentery	1
Meningitis	1

Diphtheria Immunisation.—We have now had 22 years of freedom from diphtheria amongst school children, but this has been at the price of constant vigilance. No effort was spared by the staff of the department to encourage parents to allow their children to be immunised and so perpetuate this satisfactory state of affairs. Head Teachers and class teachers co-operated extremely well in advising parents to have their children protected.

Arrangements have been made for immunisation sessions to be undertaken in schools as well as at clinic premises to minimise the amount of class-room time lost.

Parents of children who receive Primary Inoculation against Diphtheria are now encouraged to accept Diphtheria Tetanus combined vaccine. When a child has previously received active anti-tetanus immunisation the combined vaccine is used for booster injections and names of the pupils so protected are sent to the Casualty Department of the Infirmary, so that, in case of injury involving a risk of Tetanus, the child may receive a reinforcing dose of Tetanus Toxoid rather than the less desirable passive immunity afforded by Anti-tetanus Toxin.

No. of children who completed Primary Diphtheria-Tetanus Inoculation	312
No. of children who received Booster Diphtheria or Diphtheria Tetanus Inoculation	2122

Vaccination against Poliomyelitis.—Every opportunity was taken to increase the already high proportion of pupils immunised with Sabin (Oral) Vaccine.

No. of children who completed a primary course	534
No. of children who received a re-inforcing dose	1064

Vaccination against Measles.— Measles vaccine was available throughout the year and parents of primary schoolchildren who, during routine medical inspections, were found to have had neither the disease nor the vaccine, were encouraged to take them to a clinic for this purpose.

173 schoolchildren were protected during the year.

Vaccination against Rubella (German Measles).—In July, 1970, the Department of Health and Social Security recommended a scheme for the protection of girls against Rubella (German Measles), which is acknowledged as a major threat to women of child-bearing age because of its consequences in pregnancy. The purpose of the vaccination is to protect as many girls as possible before they reach child-bearing age. Letters were sent out to the parents of all girls aged 13 and by the end of the year six schools had been visited and 314 girls vaccinated. Arrangements were in hand to complete the campaign during the remainder of the school year.

HANDICAPPED PUPILS

It is unusual for a school medical officer first to become aware of a child's disability at the time of the medical inspection at school entry. Many children will have been placed on the "Special Risk Register" shortly after birth if there were signs genetically or otherwise that special care or guidance was likely to be required. Others with defects of an obvious postural or emotional nature would probably have been first noted at a well-baby or toddler clinic. The close liaison which exists between the school health service and the child health service ensures that children are guided early into the educational channels from which they are most likely to benefit.

Handicaped children ascertained during 1970 :

(a) Blind	—
(b) Partially sighted	—
(c) Deaf	—
(d) Partially hearing	—
(e) Physically handicapped	8
(f) Delicate	4
(g) Maladjusted	3
(h) Educationally Subnormal	29
(i) Epileptic	—
(j) Pupils with speech defects	—
(k) Remedial teaching	1
(l) Home tuition	2
	—
	47
	—

During the year 7 children were reported to the local Health Authority in accordance with Section 57(4) of the Education Act as they were considered unsuitable for education at school because of a disability of mind.

Handicapped Children Attending Special Schools

	Number admitted in 1970	Number Attending
(a) Blind Pupils		
Royal Normal College for Blind, Shrewsbury (F.E.)	—	1
St. Vincent's School for Blind, Liverpool	—	1
Royal School for Blind, Liverpool	—	1
Queen Alexandra College, Harborne, B'ham (F.E.)	—	1
(b) Partially Sighted		
Exhall Grange School, Coventry	—	1
Derby School, Preston	1	1
(c) Deaf Pupils		
Royal Schools for Deaf, Manchester	—	3
Yorkshire Residential School for Deaf, Doncaster	—	1
(d) Partially Hearing Pupils		
Alice Elliot School for Deaf, Liverpool	—	1
Thomasson Memorial School, Bolton	1	2
School for Partially Hearing, Birkdale	1	4
(e) Physically Handicapped Pupils		
Mere Oaks, Standish	4	21
Hanksworth Hall, Guiseley	1	1
(f) Delicate Pupils		
St. Patricks, Hayling Island	—	1
Children's Convalescent Home and School, W.Kirby	4	5
Fairfield House School, Broadstairs	1	1

(g) Maladjusted Pupils

Knowl View, Rochdale	1	2
Caldecott Community, Ashford	1	1
Ernest Cookson School, Liverpool	—	1

(h) Educationally Subnormal Pupils

Montrose Day School	21	110
Pontville E.C. School, Ormskirk	1	2
Stokelake House School, Chudleigh	—	1
Rocklands School, Chudleigh	—	1
Landgate Day Special School	—	1
North Cliffs Day Special School	1	1

(i) Speech Defect

Moor House School, Oxted	—	1
Ewing School, West Didsbury	—	1

(j) Epileptic Pupils

Soss Moss School, Nether Alderley	—	1
---	---	---

The delightful buildings and the success of the teaching method have no doubt been responsible for the increased pressure for places in the Montrose Special School, a trend which was not evident in the previous location at Warrington Lane. In order to try to release places for children in priority groups on the waiting list, it has been necessary to review a number of borderline cases attending who, it was felt by the staff, had fulfilled such potential as they had and yet did not really seem to justify continuing there. Ten children were submitted and after careful consideration six of these were subsequently assessed as suitable for transfer to other training establishments.

EDUCATION ACT, 1944, SECTION 56

During the year 3 children received home teaching and 90 tuition in hospitals.

Tuition for children ill at home or in hospital is provided for long-term cases. Such children, when deprived of their schooling, become very backward and the difficulty they find in trying to pick up the threads of their education on returning to school causes great discouragement. A child may have up to ten hours' home teaching a week, and in hospital the time may extend to half the normal school day. In the former cases, with limited time, emphasis is placed on the basic subjects, while in the latter a considerable amount of handwork may be undertaken. Instruction by a qualified teacher, carefully graded in amount and type according to the individual patients' abilities and physical state, helps the sick child to keep up with his more fortunate companions at school and provides some pleasant occupation for his mind, a by no means unimportant consideration with the bedridden child. Suitably qualified teachers who will undertake domiciliary work are not easy to find.

WORK OF THE SCHOOL NURSES

	1968	1970
Number of follow-up visits paid to cases at home	367	478
Number of first visits paid to schools in connection with general cleanliness	71	79
Number of children inspected for general cleanliness	11,319	11,428
Number of visits paid to schools for re-inspection of gen- eral cleanliness	365	375
Number of re-inspections for general cleanliness	36,569	35,874
Number of visits to schools for Infectious Diseases	11	1
Number of children inspected for Infectious Diseases	420	200
Number of visits paid to schools for other purposes	70	69
Number of visits paid to homes for Infectious Diseases....	35	57
Number of visits paid to schools for Medical Inspection	238	349
Number of visits paid to schools for Inoculations	127	176
Number of Inoculation Sessions at School Clinic	18	32
Number of visits paid to schools for Vision Testing	110	78
Number of visits paid to schools for Foot Inspection	13	20
Number of Chiropody Sessions at School Clinic	63	115
Number of children treated for Verrucae	131	224

The marked increase in numbers of visits to homes and schools and inspections for infectious diseases was due to outbreaks of infective hepatitis.

CO-OPERATION OF PARENTS

The number of parents present at Medical Inspection varied considerably in the different schools. The total number present was 2,827 and the number of children medically inspected was 3,971; the average attendance of parents was 71.19 per cent.

It is important that parents should accompany their children at medical examination, particularly at school entrance. The staff encourage this and it is encouraging to see the greatly increased number attending in recent years.

CO-OPERATION OF TEACHERS

The teachers in the schools of Wigan are usually very helpful to the School Medical Officers. They provide them with the best accommodation possible, report any abnormality they have noticed in the children, and submit special cases for inspection. Prompt and complete information regarding infectious diseases is most valuable to facilitate the control, or even prevention, of epidemics.

CHILDREN'S DEPARTMENT

A friendly liaison exists between the Children's Department and the School Health Service, and the following examinations were carried out on the school children in the care of the Children's Department :

Preliminary Examinations prior to admission into care	4
Annual Home Office Medical Inspections	107

CO-OPERATION OF VOLUNTARY BODIES

During the year the help of the N.S.P.C.C. Inspector was obtained in 43 cases involving the welfare of 96 children.

PROVISION OF MEALS

The total number of meals taken during the year was 1,758,916, a slight decrease on the 1969 total. There was a noticeable reduction in the number taken in the first three months of the year, during an outbreak of influenza.

Meals were prepared at St. Stephens C.E. Infants School from mid-August and St. Patricks R.C. Junior Kitchen/Dining Room opened at the beginning of October. All Saints C.E. Secondary Boys and Girls Dining Halls were closed at the end of the summer term and two new kitchens were opened at the Deanery High School in September.

All kitchens continued to receive regular inspections and a consistently high standard of hygiene was again reported. All kitchens are equipped with sterilising sinks for crockery and cutlery and further progress is being made in the replacement of wooden surfaces by stainless steel and other materials which give a more durable and easily cleaned surface.

PHYSICAL EDUCATION

In the same way that failure to progress in the classroom alerts the school doctor to enquire whether there is any remediable medical condition contributing to the child's poor response, so when a child's physical performance is subnormal the attention of the school doctor should be focussed to ensure that there is no pathological condition, physical or emotional, requiring treatment. Thus, school medical and nursing staff must maintain effective contact with teachers of physical education and particularly with those who have not been specially trained for this work. Clearly there is scope for a rapprochement between the two professions at this point.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

The improvement in staffing which we have enjoyed during the past two years continued for the first three months of 1970. On 31st March, however, Mrs. L. Cook resigned temporarily from her appointment as full-time Dental Officer, and the Clinic thus once again reverted to single handed operation. On June 16th we were successful in securing the services of Mr. A. J. Moorhead, who was appointed part-time Dental Officer for five sessions per week. (The number of sessions was increased to six per week from 28th September). On 24th September, Mrs. L. Cook was able to resume her professional career, but in a part-time capacity of one session per week. Hence the full-time equivalent for the whole of 1970 worked out at approximately 1.5 — a net loss of 0.5 Dental Officer compared with the last two years.

Due to the loss of 0.5 Dental Officer, it was not possible to keep the Dental Clinic at Sherwood Drive open for as many sessions per week as in the previous year and at the same time maintain our 'emergency service' at the Central Dental Clinic. However, for the greater part of the year the Sherwood Drive Clinic was open every working morning of the week with the exception of Tuesday mornings when we treated emergencies that could not be referred to routine anaesthetic sessions.

During the course of the year 6,753 school children underwent a routine inspection on school premises, and a total of 1,687 children attended the clinics for periodic recalls, or as casuals for special inspections. Out of the 8,440 school children who were thus inspected at some time or another during the year, 5,731 were found to be in need of treatment. This was 67.9% and represented a decrease in the need of treatment in the order of 5.5% compared with the previous year. Due to a reduction in staff and the amount of treatment required remaining fairly constant, the average time between each dental inspection in school was now just under two years.

A total of 1,812 children attended the clinic for dental treatment in one form or another and 4,160 visits were recorded. 1,630 of the children that attended the clinics for treatment were made dentally fit. As in previous years it was not possible to maintain this dental fitness for all by a six-monthly recall system, but a selective recall system was in operation to ensure that cases which warranted special attention were not neglected or overlooked. During the year under review, 1,154 appointments were wasted due to the children failing to attend the clinics at the appointed time without giving prior notification of cancellation. This represented a decrease of 1% compared with the previous twelve months and the figure thus remained fairly constant at around 23%.

The orthodontic service has again been used to its capacity and a waiting list of 2-3 months exists. At the end of 1969 there were 107 children receiving orthodontic treatment and these were carried forward to the present year. In addition, 64 new cases were undertaken for treatment and 56 cases were completed with successful results. 11 children had their orthodontic treatment discontinued due to lack of interest and co-operation on their parents' behalf, and 97 removable appliances were supplied and fitted.

General anaesthesia was administered to 550 children, 175 of these by a Dental Officer during routine sessions. Other forms of treatment included 66 operations comprising scaling and gum treatment, dressings for the relief of pain, pulp cappings, treatment of oral ulceration and the provision of self cleansing areas. In addition, 157 patients were subjected to a radiological examination, either for diagnostic purposes with special reference to orthodontic treatment, or for aid during root canal therapy. 9 patients (7 of whom were below the age of 14), whose teeth were in such a state, had to have partial dentures fitted in order to restore their aesthetic appearance and/or masticatory function.

The Dental Health Education Programme was again directed mainly towards the pupils of Infant and Junior schools. These were all visited by the health Education organiser who delivered short speeches on dental health to the pupils and also showed them the latest relevant films. As part of our effort to get the children of school age established into a good oral hygiene routine, the dental hygiene kit produced by Colgate-Palmolive Ltd. was again purchased by the Council and distributed to every child that started school in January and August. Furthermore, the children of Beech Hill Nursery Class, Pemberton Primary Nursery Class and Robert Lewis Nursery School were also supplied with these kits which were adequately labelled with the children's names and retained at school in order that they could and would be taught the correct way of caring for their teeth during school hours.

The children from Robert Lewis and Ellesmere Road Nursery Schools were also invited to visit the Pemberton Clinic in an effort to break down the 'barrier' between the dentist and the young child. The children attended in classes with their teachers. During their stay they were divided into two groups; one group was allowed 'full freedom of the surgery', entailing familiarity with instruments, dental filling materials and equipment, experiencing both elevated and reclining positions of the dental air chair — which proved to be highly successful and enjoyable by all children. The other group attended a film show provided by the health education organiser. After some twenty-five minutes the groups were reversed and thus they were all given an opportunity of having 'a ride in the chair' and of having their teeth inspected.

I am indebted to the Departmental Medical Officers, Health Visitors, School Nurses, Headteachers and Teachers for their enthusiasm and continued co-operation in this important work of dental health education.

STATISTICAL TABLES
TABLE I

**Medical Inspection of Pupils Attending Maintained Primary and
Secondary Schools during 1970**

A. PERIODIC MEDICAL INSPECTIONS

Year of Birth	No. of Pupils Inspected	Physical Condition of Pupils Inspected	
		Satisfactory	Unsatisfactory
1966 and later	152	152	—
1965	892	892	—
1964	756	756	—
1963	135	135	—
1962	41	41	—
1961	39	39	—
1960	421	421	—
1959	525	525	—
1958	121	121	—
1957	258	258	—
1956	405	405	—
1955 and earlier	226	226	—
Total	3971	3971	—

The physical condition of 100% of pupils inspected was satisfactory.

Year of Birth	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
	For defective vision (excluding squint)	For any other condition recorded in Table II	Total individual pupils
1966 and later	4	41	45
1965	69	213	267
1964	57	204	235
1963	20	42	55
1962	5	12	16
1961	1	7	8
1960	44	75	116
1959	39	115	150
1958	8	37	44
1957	25	41	67
1956	29	62	87
1955 and earlier	11	36	55
Total	312	885	1145

B. OTHER INSPECTIONS

Number of Special Inspections	138
Number of Re-Inspections	1400
Total	1538

TABLE II

Defects Found by Medical Inspection during the year

A. PERIODIC INSPECTIONS

Defect or Disease	Entrants		Leavers		Others		Totals	
	*T	†O	*T	†O	*T	†O	*T	†O
Skin	55	14	22	—	68	9	145	23
Eyes								
(a) Vision	150	269	49	55	142	107	341	431
(b) Squint	68	—	2	1	13	7	83	8
(c) Other	7	2	3	4	17	14	27	20
Ears								
(a) Hearing	51	108	6	2	18	19	75	129
(b) Otitis Media	16	3	1	1	11	2	28	6
(c) Other	4	1	1	—	9	1	14	2
Nose and Throat	105	92	8	7	70	50	183	149
Speech	14	50	1	1	6	7	21	58
Lymphatic Glands	2	55	—	—	1	22	3	77
Heart	8	15	8	1	14	11	30	27
Lungs	33	15	7	2	21	13	61	30
Developmental								
(a) Hernia	14	3	—	—	5	1	19	4
(b) Other	13	18	2	1	9	20	24	39
Orthopaedic								
(a) Posture	2	—	—	1	1	3	3	4
(b) Feet	51	16	6	3	29	8	86	27
(c) Other	33	15	12	—	18	11	63	26
Nervous System								
(a) Epilepsy	2	—	3	—	2	1	7	1
(b) Other	4	1	1	—	11	2	16	3
Psychological								
(a) Development	5	9	1	—	6	8	12	17
(b) Stability	1	15	2	1	5	20	8	36
Abdomen	10	4	4	—	11	2	25	6
Other	18	12	11	3	21	5	50	20
Total	666	717	150	83	508	343	1324	1143

* Defects requiring treatment (T).

† Defects to be kept under observation (O).

B. SPECIAL INSPECTIONS

Defect or Disease	Pupils requiring	
	Treatment	Observation
Skin	2	1
Eyes		
(a) Vision	10	8
(b) Squint	3	1
(c) Other	2	—
Ears		
(a) Hearing	8	—
(b) Otitis Media	3	2
(c) Other	2	—
Nose and Throat	5	1
Speech	6	4
Lymphatic Glands	—	—
Heart	2	—
Lungs	—	—
Developmental		
(a) Hernia	—	—
(b) Other	—	1
Orthopaedic		
(a) Posture	—	—
(b) Feet	2	—
(c) Other	2	—
Nervous System		
(a) Epilepsy	—	—
(b) Other	1	—
Psychological		
(a) Development	7	2
(b) Stability	7	—
Abdomen	1	—
Other	4	—
Totals	67	20

TABLE III

**Treatment of Pupils attending maintained Primary and Secondary
Schools**

A. EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors or refraction and squint	31
Errors of refraction (including squint)	474
	<hr/>
Total	505
	<hr/>
Analysis of Cases in which Spectacles were prescribed	
Simple Hypermetropia	45
Simple Myopia	23
Hypermetropia Astigmatism	163
Myopic Astigmatism	20
Mixed Astigmatism	22
	<hr/>
Total	273
	<hr/>

B. DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received Operative treatment—	
(a) for diseases of the ear	—
(b) for adenoids and chronic tonsillitis	71
(c) for other nose and throat conditions	—
Received other forms of treatment	18
	<hr/>
Total	89
	<hr/>
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1970	3
(b) in previous years	10

C. ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated						
(a) Pupils treated at clinics or out-patients departments	239						
(b) Pupils treated at school for postural defects	—						
	<hr/>						
	Total						
	<hr/> 239 <hr/>						
Attendances at the Orthopaedic Clinic							
	Wigan	Hindley	Ince	Standish	Orrell	Ashton	Total
No. of children of school age attending	239	5	21	51	13	37	366
No. of attendances of children of school age	629	22	68	189	44	94	1046

D. DISEASES OF THE SKIN (excluding uncleanliness, for which see Table V)

	Number of cases known to have been treated					
Ringworm—(a) Scalp	—					
(b) Body	—					
Scabies	19					
Impetigo	54					
Other skin disease	704					
	Total					
	777					

E. CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated					
Pupils treated at Child Guidance Clinics	29					

F. SPEECH THERAPY

	Number of cases known to have been treated					
Pupils treated by Speech Therapists	—					

G. OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with					
(a) Pupils with minor ailments	590					
(b) Pupils who received convalescent treatment under School Health Service arrangements	—					
(c) Pupils who received B.C.G. vaccination	857					
(d) Chiropody	247					
(e) Treated for Verrucae by School Nurses—Special Clinic	224					
	Total					
	1918					

TABLE IV
Minor Ailment Clinics
Classification of Consultations and Treatment

	Primary Inspection at Clinic	Referred to Infirmary or own Doctor	Total Number of Attendances at Clinic
Uncleanliness	173	—	713
Ringworm	—	—	—
Scabies	19	—	54
Impetigo	54	—	160
Other Skin Diseases	704	4	2198
Blepharitis	—	—	—
Conjunctivitis	1	—	1
Defective Vision	—	—	—
Squint	—	—	—
Other Eye Conditions	30	1	59
Defective Hearing	1	—	1
Otitis Media	2	—	2
Minor Ear Diseases	13	—	14
Nose and Throat Conditions	2	—	2
Infectious Diseases	5	—	5
Deformities	1	—	2
Injuries to Bones and Joints	1	1	1
Other Defects and Diseases	2	—	2
Miscellaneous	581	9	1138
Total	1589	15	4352

TABLE V
Uncleanliness and Verminous Conditions

Average number of visits per school made during the year by the School Nurses	11
Total number of examinations of children in the Schools by School Nurses	47,302
Number of individual children found unclean at first inspection	577
Number of individual children found unclean at final inspection	279
Number of children cleansed under arrangements made by the Local Education Authority	—
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

TABLE VI
Dental Inspection and Treatment

Attendances and Treatment	Ages			
	5 - 9	10 - 14	15 +	Total
First Visit	1024	715	73	1812
Subsequent visits	1117	1108	123	2348
Total visits	2141	1823	196	4160
Additional courses of treatment commenced	104	87	9	200
Fillings in permanent teeth	552	1403	217	2172
Fillings in deciduous teeth	1278	57	—	1335
Permanent teeth filled	470	1256	202	1928
Deciduous teeth filled	1115	54	—	1169
Permanent teeth extracted	251	443	29	723
Deciduous teeth extracted	1078	383	—	1461
General anaesthetics	352	193	5	550
Emergencies	202	104	2	308

Number of pupils X-rayed	157
Prophylaxis	50
Teeth otherwise conserved	16
Number of teeth root filled	10
Inlays	—
Crowns	3
Courses of treatment completed	1630

Orthodontics

Cases remaining from previous year	107
New cases commenced during year	64
Cases completed during year	56
Cases discontinued during year	11
Number of removable appliances fitted	97
Number of fixed appliances fitted	—
Pupils referred to Hospital Consultant.....	—

Prosthetics	Ages			
	5 - 9	10 - 14	15 +	Total
Pupils supplied with F.U. or F.L. dentures (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	1	6	2	9
Number of dentures supplied	1	6	3	10

Anaesthetics

General anaesthetics administered by Dental Officers	175
--	-----

Inspections

(a) First inspection at school. Number of pupils	6753
(b) First inspection at clinic. Number of pupils	723
Number of (a) + (b) found to require treatment	5105
Number of (a) + (b) offered treatment	2300
(c) Pupils re-inspected at school or clinic	964
Number of (c) found to require treatment	626

Sessions

Sessions devoted to treatment	587
Sessions devoted to inspection	42
Sessions devoted to Dental Health Education	5

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